

MISSION STATEMENT

MR Services will provide leadership and be an active partner in Maine's comprehensive system of support to individuals with mental retardation and autism. At the foundation of this system is the belief that all individuals, through self-determination, can achieve a quality of life consistent with the community in which they live. Supports will be flexible and designed in a manner that recognizes people's changing needs throughout their lifetimes.

INTRODUCTION

It is with great pleasure that Adult Mental Retardation Services presents a report on the activities of FY '02. We continue to promote our vision of supporting people to live in and be part of their communities while expanding supports and services.

It is important to recognize that the State of Maine, Mental Retardation Services, is a leader in providing comprehensive and individualized services through a network of community service providers. Maine was the fourth state in the country to close its large state institution, Pineland Center. Maine continues to move toward smaller home settings and ranks eighth in the nation with 87% of individuals living in small home settings.¹ More people are working in competitive integrated worksites and receiving non-centered based day services. Self-advocacy organizations continue to add new members and self-advocates make their presence known through conferences, committee memberships and testifying at the legislature. The Department has articulated the values of community inclusion through conferences, training and technical support to providers who are preparing to move toward community inclusive services.

As the system grows it is critical to continue to focus on quality assurance and quality improvement systems. Many of Mental Retardation Services activities this year have focused on a systematic approach to the measurement, monitoring and reporting on the quality of services provided.

Mental Retardation Services continues to negotiate with the Consumer Advisory Board toward the successful resolution of the Community Consent Decree. Meetings are held monthly with the Special Court Master, Clarence Sundram and based on his workplan, issues and concerns are addressed. Areas identified are: the person centered planning process, case management ratios, community inclusion, access to professional services, a comprehensive system on the reporting, investigation and management of significant incidents. We look forward to continued progress in FY03.

As the fiscal year closed, it was clear that the state of the budget was deteriorating. Approximately 95% of individuals receiving supports and services from the Mental Retardation System are funded through the MaineCare program. Only 4% of all funding for mental retardation services is not matched by a federal Medicaid program. It will be a challenge in FY03 to maintain the federally mandated high standards of quality while meeting the funding needs of the individuals eligible for services through the MaineCare program. Working with self advocates, families and the provider network, we will accept and meet the challenge.

¹ Braddock, David. Disability at the Dawn of the 21st Century and the State of the States, 2002

Mental Retardation Committees

Consumer Advisory Board

The role of the Consumer Advisory Board is defined in Maine statute 34B as “ an independent body, which carries out responsibilities pursuant to appendices A and B of the consent decree and subsequent agreements approved by the United States District Court for the District of Maine.”

The membership of the Consumer Advisory Board experienced a major change in membership in FY 02. Mickey Boutilier, Millie Morrill and George Ricker stepped down after serving on the Board for over 20 years, Mickey Boutilier as chair since the Board's inception. Gov. Angus King honored these three individuals at a reception tea at the Blaine House attended by consumers, providers, department staff, families and friends. Steve Richard, another long-term member of the committee is now serving as chair.

The Department has reported to the CAB on unmet needs, crisis services, and ISC contacts and is working with the CAB to improve the reporting format. The CAB continues to review severely intrusive behavior plans and alleged rights violation reports from the office of advocacy.

The Department continued an increase in funding to the CAB to enhance the committee's ability to recruit individuals to the correspondent program. The CAB has successfully recruited and matched over 90 individuals over the past fiscal year. The CAB has regional committees that meet to support the work of the correspondents.

The CAB continues to negotiate the resolution of the Community Consent Decree with representation from their attorneys, Gerry Pertrucelli and Jim Croteau Meeting with the Special Court Master, Clarence Sundram are held on a monthly basis.

Membership of the CAB is as follows:

Steve Richard, Chairperson
Nancy Thomas, Advocate
Darla Chafin
Sue Gilmartin
Roland Caron

Mary Beth Tremblay
Peter Selwood
Carol McAlpine
Bonnie Brooks
Rory Robb

Maine Advisory Committee on Mental Retardation

The Maine Advisory Committee began the fiscal year by having a facilitated discussion to outline the role and interest of the committee. The outcome of the discussion was to develop a standard agenda, ground rules and specific focus of the committee. The top two issues selected by the committee are the waiting list for services and a registry of direct support staff who have been dismissed by an agency following an investigation of a reported event. Rep. Ben Dudley worked with committee members to draft language to create a study committee to look at this issue. Unfortunately, he did not make it into the legislative process this year. The Committee has decided to move forward to continue to collect information on a registry and intends to submit legislation in Jan 03.

The committee reviewed many issues throughout the year, including budget cuts, fund raising and public awareness, grant writing and the creation of an award to recognize an outstanding direct support staff.

Membership of the MACMR is as follows:

Debbie Elliott, Chair	¶ Lynne E. Chick
Joan Collins	¶ Emma Haferman
Rev. William Inderstrodt	Representative Ben Dudley
Gladys Ulan	Richard Farnsworth
Bonnie Jean Brooks	

Speaking Up for Us Board Members

Maryann Preble, Chair
Emma Hoferman, Co-Chair
Chandra Murphy, Treasurer
Laura Antranigian, Secretary

Health & Human Services Committee

Susan W. Longley, Chair	Benjamin F. Dudley
Karl W. Turner	Marie Laverriere-Boucher
John L. Martin	Glenys P. Lovett
Thomas J. Kane, Chair	Thomas F. Shields
Joseph E. Brooks	Julie Ann O'Brien
Elaine Fuller	Robert W. Nutting
Edward R. Dugay	

Case Management Services

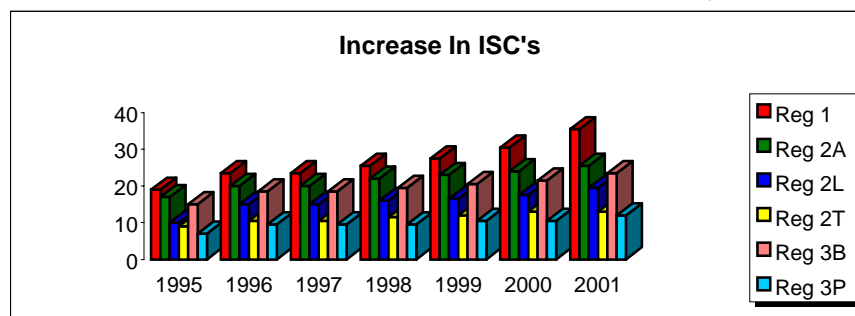
Mental Retardation Services continues to provide this service to over 4,000 people throughout the State. The services provided by case management include:

- Participation in Person Centered Planning
- Supporting quality health services
- Adult Protective responsibilities
- Guardianship (672 people state-wide)
- Representative Payee (over 2000 people)
- Assist in identifying community resources
- Assist people in their needs for housing, work, day habilitation, family support, crisis services, respite services
- Along with other department staff work to assure that quality services are being provided.

Individual Support Coordinators (ISCs) advocate for the individuals they support as well as systemic issues. Acknowledging that the day to day responsibilities can be extremely challenging it is also recognized that Mental Retardation Services has a highly professional staff who are dedicated to supporting people with Mental Retardation to live, work, and be a part of their communities. Throughout this report there will be information provided regarding expanded services, a reduction in facility-based services such as the ICF program, sheltered employment, and center based day habilitation, as well as other initiatives by the Department. These goals were met through the work of ISCs throughout the state.

There were many accomplishments throughout this year which are highlighted below:

- A review of the case management manual resulting in a revised document dated January 2002. Included in the document are case management standards adopted by Mental Retardation Services with corresponding procedures. This document has taken on a new level of importance in our work to meet the consent decree and business rules for the E.I.S.
- The number of case managers within the system continues to grow to meet the growing population as well as maintain quality ratios. In FY02 twelve new positions were hired throughout the state bringing the total number to 128. Although this is welcome news in many respects it has taxed the support network to case management such as supervision, resource development, and support staff. It is very clear that new ways of providing this service need to be explored in the future in order to continue to maintain and improve the quality of services.



- Various staff from case management services dedicated a great deal of time, effort, and expertise to assist in the development of the E.I.S. system. In addition several case managers throughout the State participated in the development of business rules and testing of the system as well as training regional staff.
- For the first time the case managers who are providing intake services have begun to meet on a regular basis to discuss issues and work to assure there is a consistent process statewide. This group had major input into the development of the E.I.S. intake process for M.R. Services.
- A two-day case management conference occurred for Mental Health, Children's, and Mental Retardation case managers.

Work has begun to develop a Departmental case-management training curriculum to provide ongoing training and support in M.H., Children's, and M.R. case management.

Quality Assurance

Reinventing Quality Conference

On August 28 & 29, 2001, Bob Kennelly and Mary Crichton attended the 2001 Reinventing Quality Conference at the Holiday Inn Chicago Mart Plaza. The conference was excellent and served to reinforce the quality assurance and programmatic direction of mental retardation services in the state of Maine. Many of the presentations paralleled issues that we are dealing with in Maine and added views and options to be discussed for further consideration.

Mortality Review Protocol

In early December of 01, Jane Gallivan, the Director of Adult Mental Retardation Services, and Mary Crichton met with the Dr. Tripp Gardner, R-3 Medical Director, regarding a Mortality Review Protocol. Dr. Gardner had some excellent ideas and clearly displayed an interest in this area. Information regarding mortality reviews had been gathered from other areas of the country. Jane Gallivan contracted Brian Scanlon to take a look at the models available from across the county, develop some draft protocols and submit his thoughts after reviewing information from many available sources. Dr. Tripp Gardner has agreed to chair a Mortality Review Committee and operationalize the review process to begin in early '03.

Provider Standards

Draft Provider Agency standards have been completed using a method of self-assessment for the following areas: health and safety; consumer satisfaction; grievance and appeal; personnel records and employee performance and satisfaction; consumer records, planning and documentation; personnel orientation and training; fiscal accountability and tracking. These standards will be used when an agency's services are not licensed or the agency does not have national accreditation. The Department will work to implement these standards in early 2003.

Quality Assurance Team

The four Quality Assurance Coordinator and the six Human Services Aide positions to assist with the Consent Decree compliance and the reportable events for people with Mental Retardation were made available to Mental Retardation Services in early 02.

Mental Retardation Services advertised widely for eligible candidates and interviewed twelve candidates in early March. One of the Quality Assurance Coordinators was assigned to the Department's Quality Improvement activities under the leadership of Dr. Jay Yoe to assist with the Quality of Life Survey results and other Quality Improvement efforts. The remaining three quality assurance coordinators were assigned to each of the three regions, and would be initially located and supervised from Central Office by Mary Crichton. The March 7 and 8 interview process conducted by a team of five was successful in hiring three of the four Quality Assurance Coordinators (Gregory Carter – Region 3, Debora Gellatly – Region 2 & Karen Glew – Quality Improvement) who all began their employment in April. The one remaining vacant Q A Coordinator was assigned to Region 1 and a second round of interviews was conducted in May of 02 with no success. In September of 02, Amy Hill, a social services specialist I transferred into the Region 1 Q A Coordinator position to complete the hiring process.

Quality Assurance Reviews

The first statewide quality assurance reviews were conducted from May thru October of 02. The complete review process included a review of 10% of the active consumers in each regional office, a written report from the QA coordinators to the regional office, a regional plan of correction to improve or correct the records reviewed and a follow-up review conducted by the QA coordinators to reassess the regional records. From May thru June of 02, the quality assurance staff reviewed the day-to-day work of individual support coordinators (ISCs). This review was completed by reviewing action notes/monitoring progress notes and critical information sheets completed monthly to comply with the community consent decree and the review of action notes supporting the monthly billings for ISC services.

In April of 02 a random list of 10% of the active consumers from the MR/MIS for each of the six regional offices was drawn for this review. The Medicaid numbers of the active consumers (class members and non class members) were sorted in ascending order and the consumers were selected for the review. A table of the number of class members and non-class members reviewed is below along with the date of each regional review.

Region	Active Consumers	10% Review	Class Members	Non Class Members	ISCs Reviewed	Total % ISCs	Date of Review
1	1208	10% = 123	38	85	30 of 31	97%	6/27/02
2A	803	10% = 80	25	55	20 of 25	80%	5/17/02
2L	592	10% = 60	21	39	16 of 25	64%	5/30/02
2T	415	10% = 42	14	28	12 of 13	93%	5/6/02
3B	731	10% = 73	21	52	20 of 24.5	82%	6/19/02
3P	384	10% = 40	14	26	11 of 13	85%	6/12/02
	4133	418	133	285	109	84%	

Prior to the commencement of the statewide regional office reviews, regional team leaders and supervisors were notified about the content of the reviews, given the statewide schedule of reviews, specific information regarding the critical information sheet review, and a copy of the current draft of the action note definition in the revised Case Management Manual.

All the review tools were familiar to the regional staff and each regional review was completed with a verbal exit to summarize the overall review results at the end of the review day.

The summarized written results and recommendations of the quality assurance review were prepared by the central office mental retardation quality assurance team. Following a review by the central office mental retardation team, the results of the reviews were sent to the regional mental retardation team leader, the supervisor(s) and the regional director for review and use in improving quality..

This process will continue with a review of Person Centered Plans and a focus on consumer outcomes.

Statute Work

In September of 01, a small group of staff began to examine the eligibility for mental retardation services statute with the goal of examining the statute to consider a change in the statute. A report was submitted to the Commissioner with a recommendation for legislative action to create a study commission on expansion of eligibility. This will be considered with all other legislative proposals for the next fiscal year.

Behavior Regulations

January of 02 began with a revised effort to get the Behavior Regulations pulled together and finalized. This process has taken a long time and it is important to finish the work product. The reportable events protocols and policies are close to a final revision.

Crisis Services

Introduction

Mental Retardation Services provides crisis services to people with Mental Retardation and Autism throughout the State of Maine. It is the mission of the crisis system to provide assistance to individuals, families, guardians, and providers to maximize people's opportunities to remain in their homes and local communities during and after crisis incidents. This service is provided through three regional teams consisting of state employees. These teams are staffed twenty-four hours a day. Each team has a Crisis Team Supervisor who directs the regional teams and is supervised by the Mental Retardation Team Leader for that region. The teams consist of Crisis Team Case Managers and Mental Health Worker III positions.

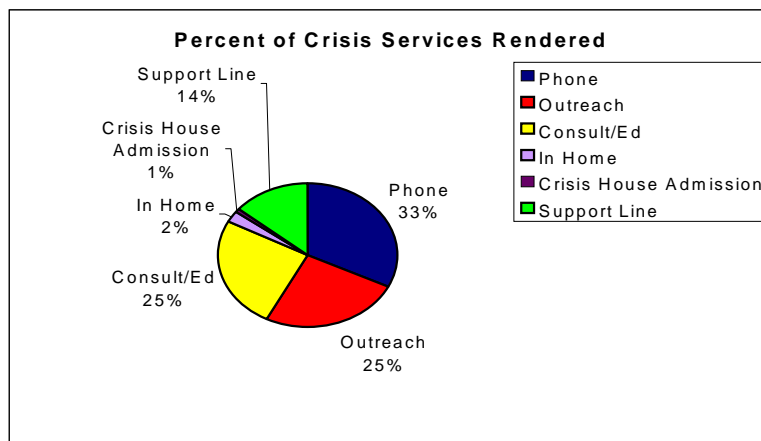
State System Report

As stated above, crisis services are staffed twenty-four hours a day. Teams are housed in regional offices and team members play an integral role in supporting the case management system. Crisis Supervisors are part of the regional management teams and participate in Mental Retardation staff meetings. Case managers are encouraged to contact crisis teams directly when issues are occurring that they feel require the support, intervention, or monitoring by the crisis teams. The team can be accessed through the statewide crisis number that then directs the appropriate area call center. Once information is taken by the call centers the crisis teams are contacted and respond to the individual. The system is made up of six major components:

Phone Contacts	Outreach Contacts
Consult/Ed Contacts	In Home Supports
Admission to Crisis Home	Support Line

Crisis Statistics for this period (6/01-7/02) are:

Class Member Types	Mental Retardation	Mental Health	Both	Non-Class Member	Total
Phone Contacts	317	81	73	2015	2486
Outreach Contacts	285	40	81	1522	1928
Consult/Ed Contacts	324	46	67	1512	1949
In Home Supports	85	0	3	100	188
Admission to Crisis Home	15	2	6	43	66
Support Line	272	18	452	325	1067



These services emphasize supporting individuals in the least restrictive means possible, preferably in their own living situations. If the necessary support requires that people leave their present situation to be supported in the crisis home or other services, it is the goal of the Crisis Teams to assist that individual to return to home as soon as possible.

Accomplishments

In October of 2000, Bill Hughes was hired as the Mental Retardation Services Program Services Director. A responsibility of this position is to coordinate crisis services statewide. In addition, this position reports to the Consumer Advisory Board as well as the Court Master. A database was developed with the assistance of Staci Buck from the Office of Guardianship. The crisis system now has the ability to provide information regarding who accesses services in each of the areas identified above, the number of times this occurs, as well as additional information regarding use of the crisis homes. This data can also be used to track percentages of use within the system as well as by individuals.

There are four, two-bed crisis homes in the State located in Portland, Monmouth, Bangor and Presque Isle. The leases of these homes were not consistent in their length or terms of the contract. It has been a goal of the program to secure long-term leases as well as having a preference to lease from organizations that function as housing alternatives.

This year crisis services extended its lease in Bangor with a non-profit housing authority for ten years. In Presque Isle we moved into a new house with a ten-year lease. We are presently working with the same non-profit agency to either secure the purchase of the Monmouth property, which is presently in receivership, or have a long-term lease or to seek other property over the next year with the same goal. Finally, our lease for the crisis home in Portland ended in November. This was a lease with a private owner and we did not desire to continue to work with this individual. The crisis team in Portland has done considerable amount of work to locate an appropriate home. The tight housing situation in Portland has made this extremely difficult. The team has secured a crisis home at Camp Tall Pines for the winter and spring and is working with the agency identified above as well as another housing authority to purchase land and a modular home with a long term agreement. This has required a great deal of work on the part of our teams. We appreciate the support we have received from John Conrad and Arthur Stolpestad from the Division of Facility Services. The result of this work will be long-term consistency and security for our homes, as well as an over-all cost savings during the time period.

In January of this year Region I developed and implemented two transition beds in addition to the two crisis beds. These beds are contracted through an agency and are directed towards individuals who have accessed the crisis system and are not able to return to their previous living situations, thus requiring transition housing while development occurs. These beds were created to assure that the crisis beds were not filled with people not needing that type of service. In discussions through the spring with the Court Master and Consumer Advisory Board it was decided to expand this service with two additional beds in both Bangor and Augusta. At the time of writing this report a second RFP has been issued in Bangor and we are developing the plans for the Augusta home.

Outcome Goals for 2002

Clinical Reviews will be done in accordance with the Clinical Oversight procedure outline in the policy manual.

A quality assurance review will be completed for all three regional offices.

An informational brochure will be developed and disseminated to all police departments in the State of Maine outlining crisis services and providing general information regarding the support of people with mental retardation.

Two presentations will be done in each region to police departments.

The Crisis Teams will link with the Center for Community Inclusion to provide training at the Police Academy.

The Crisis team will monitor the implementation of the IST policy and report in 2003.

Public Guardianship

This has been an eventful year for the guardianship program as a new Guardianship Manager, Jeff Lee, was hired when Randy Libby retired after many years of service.

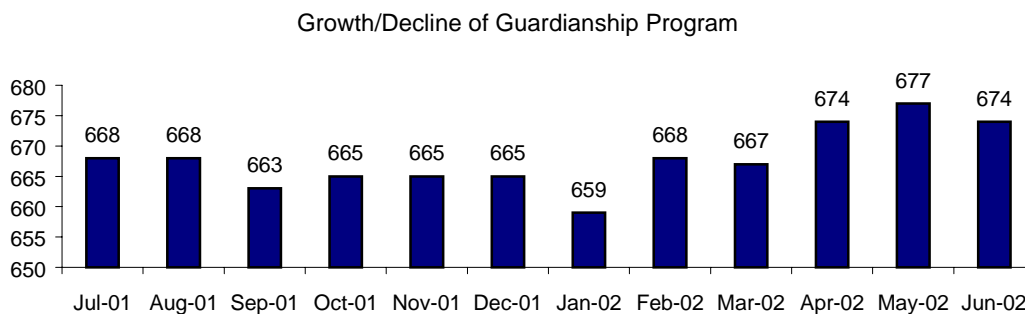
A pilot project was started in the Lewiston office and Regional Guardianship Program Manager, Peter Reynolds, was hired to fill that position. Peter is responsible for all guardianship functions in that office. One goal of this project is to remove the conflict of interest created when case managers act as service provider and guardianship decision maker for individuals under public guardianship. Other outcomes are expected to be an increase in private or self-guardians, improve annual guardianship plans to Probate Court and an increase in training and consultation to families about guardianship issues.

Staci Buck rounds out the guardianship team and has been working with a database that she created that includes all demographic and court related information for all consumers under public guardianship. The transition to the EIS program from the MR-MIS has created some challenges with the collaboration between the database programs but she is actively addressing those issues. She has also worked with Jeff and regional staff to create a brochure for families regarding questions about guardianship; this has been widely distributed to the regions.

The guardianship team has also been conducting trainings for regional office staff and for agencies regarding guardianship policies and procedures.

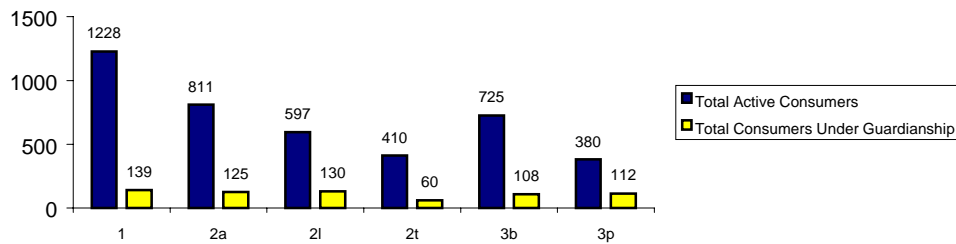
Jeff, Staci and Peter also met with staff from the Attorney General's Office to discuss the procedure and processes needed for efficient referrals of contested cases to that office. During this period, we have consistently had between 10 and 15 cases that have required AG involvement.

The Public Guardianship Office is responsible for the guardianship functions for 674 consumers ending 6/02. That number is up 8 from the beginning of year period.



In this period, the program helped 51 individuals petition for guardianship of their friends and family. 26 of those people were petitioning for guardianship of a consumer already under public guardianship. The Department has offered private individuals assistance in filling out the petitions, paying for visitor's fees in situations where the petitioner and/or consumer did not have the money available and other technical assistance with the court process.

Regional Consumers Under Public Guardianship Compared to Total Active Consumers



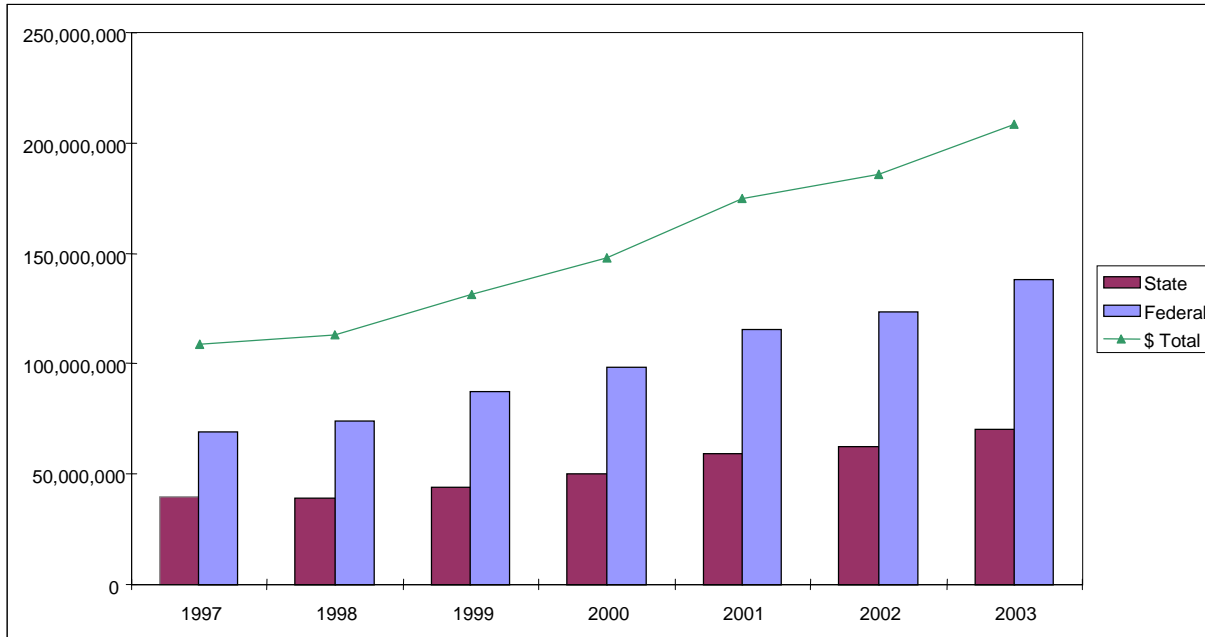
Of the 4151 active consumers served by our regions, 16% are under public guardianship.

We have also been able to ascertain that the average age of consumers under public guardianship is 51 years of age, signifying that consumers that we serve are in fact aging. This information has been valuable as it has allowed us greater perspective into the lives and needs of people that we serve. We have spent a significant amount of time looking into and we expect to provide training to caseworkers on end of life issues.

MaineCare

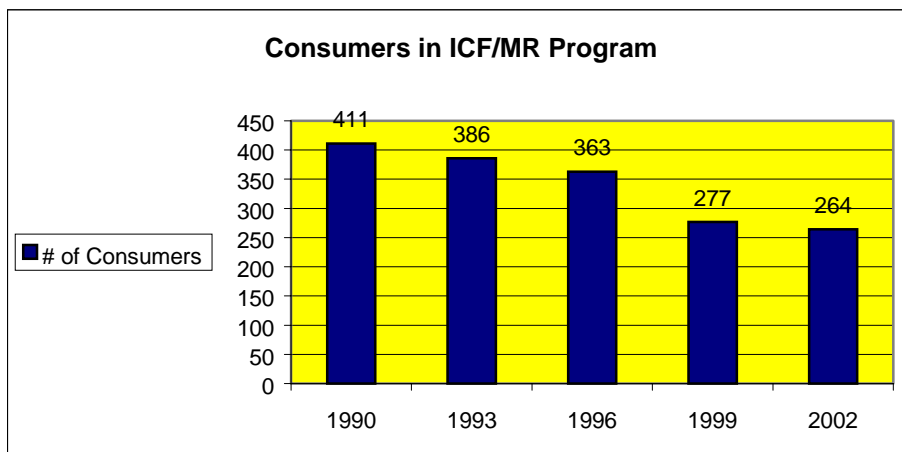
Total Adult Mental Retardation MaineCare Expenditures

	1997	1998	1999	2000	2001	2002	Projected 2003
Clients Served (Unduplicated)	3,280	4,142	4,298	4,473	4,630	4,982	5,206
State	39,651,806	39,755,113	45,257,983	51,284,764	60,464,879	63,864,252	70,142,656
Federal	69,341,613	75,343,650	89,078,565	100,715,129	118,134,675	126,576,339	138,057,569
\$ Total	108,993,419	115,098,763	134,336,548	151,999,893	178,599,553	190,440,592	208,200,225



ICF-MR Conversions

A recent change in DHS licensing regulations coupled with a philosophy of smaller homes being more personalized has made it possible for a number of Intermediate Care Facilities for Persons with Mental Retardation to change from the ICF-MR program to the MR Waiver. While both are MaineCare programs, the Waiver offers more flexibility in service delivery and support with less emphasis on regulatory concerns.



Freeport Towne Square Conversion: ICF-MR → Waiver

Consistent with the trend noted above, BDS made the decision to convert the two ICF-MR Group Homes it operates in Freeport to the Waiver program. A specific proposal was developed to compare both programs and their benefit to both the consumers and the state. The Commissioner made the decision to move forward with the conversion. There was subsequently an opportunity for families to meet and hear about the proposed conversion and potential benefits to their loved ones. The goals of this conversion are many:

Allow for Person Centered Planning

Enhanced flexibility and creativity in service and support to consumers

Relaxation of some regulatory requirements without compromising health and safety concerns

Creation of a budget that better correlates to the services delivered to consumers

It is anticipated that the conversion of these home to the Waiver program will be completed in the fall of 2002.

Individual Service Option (ISO)

The Individual Service Option is a concept that has really begun be accepted as a viable option in the array of services and supports offered within the mental retardation service delivery system. The ISO is supportive of consumers in that they are able to live with a family, friend or companion who is the primary provider of support. This provider is, in turn, connected by contract to an agency that is able to offer services in some or all of the following areas: supervision, training, QA, planning, staff back-up, regulatory/compliance assistance, budgetary and financial. One of the greatest benefits of ISO's is the natural community inclusion for the consumers.

Day Habilitation Services

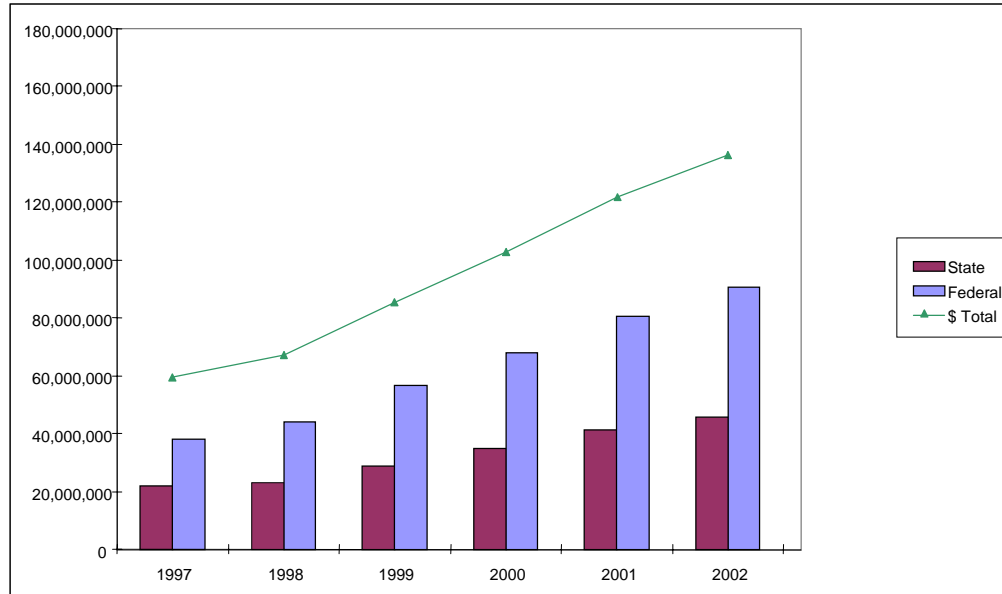
In the spring of 2001 BDS made a concerted effort to re-interpret the Day Habilitation policy in MaineCare Section 24 and change to focus of the services and their delivery to consumers. The re-interpretation made clear that there is not a requirement that Day Habilitation Services be provided in a "center." BDS strongly encourages people to view the service as a means to become involved with and included in the local community. Through three MaineCare programs, 2,373 adults received Day Habilitation services at a total cost of almost \$30,000,000.

MR Waiver Program

Between July 1, 2001 and June 30, 2002, an additional 212 individuals were determined eligible to receive services through the Home and Community Based Waiver program. This brought the total number of adult participants to 2136 and the total annual expenditure for their support was \$140,815,369.

Home & Community Based Waiver Expenditures for Adults

	1997	1998	1999	2000	2001	2002
# Clients	1026	1296	1556	1766	1967	2136
State	21,852,245	24,012,729	29,787,341	35,931,930	42,433,882	47,222,434
Federal	38,214,399	45,508,780	58,628,632	70,564,603	82,906,192	93,592,935
\$ Total	60,066,645	69,521,509	88,415,973	106,496,533	125,340,074	140,815,369



Adult Mental Retardation Services Brochure

An update brochure was published in March of 2002. Its goal is to show statewide service availability at a glance. It will assist families and consumers of BDS to better understand the access to and the array of support available from Adult Mental Retardation Services.

Collaboration with DHS

A policy was developed to give assurances within residential settings that any direct care professional that administers nutrients, hydration, or medication via gastrostomy tube does so with high level of training and understanding of procedure and knowledge of medical risks. Discussion and review with Bureau of Elder and Adult Services (BEAS) has led to the recommendation that this policy be incorporated into licensing rules later in this calendar year. This is a positive step toward allowing people to stay in their own homes and avoid institutionalization.

MaineCare and Financial Training

There is now an ongoing training effort concerning “Maine’s Programs and Funding Sources for MRS Services and Supports”. This training has now been provided to well over one hundred of MRS case management staff. This service has now become a standard fixture in the orientation of new staff members. As part of this service a comprehensive manual is maintained/updated and made available to staff through this training. There is now a goal to make similar training available to families over the course of the next year.

BDS/Provider Contracts

There have been significant efforts to standardize the process by which MR Services contracts with Service Providers. In the past there have been different documents for different situations and it has lead to confusion and inconsistency. The future practice is for there to be as much consistency as possible; process, forms, and service definitions will be standardized. There will be latitude within the contract to reflect each Provider's unique characteristics and expectations.

EIS-Waiver Tracking

The developing Enterprise Information System (EIS) that has been in the development stage for quite some time is beginning to unfold. There is included in the system the potential to have far more information relative to the Waiver program than we have seen in the past. This will be most notable in the availability of reports, specifically in predetermined areas.

The six areas covered will greatly improve the ability to track and monitor expenditures that BDS authorizes breaking out those costs by services areas, demographics, providers, procedure codes and other areas of vital interest. This information will then in turn be able to be made available to the various governmental and private agencies with a need to know such information. Additionally reports are built it to enhance the monitoring of timely classification of all waiver participants better assuring compliance with the federally mandated rules of the waiver program.

Inclusion/Conversion

Technical Support to Agencies

MR Service's staff provided direct support and technical assistance to agencies this past year. Community Provider Agencies from all three Regions requested and received support to begin planning to move toward more Supported Employment services.

Within all three Regions technical assistance was given to thirteen agencies that had made a request. Support was based upon individual agency needs and the direction that the agency was heading.

Supported Employment training, assistance with developing a Transition Plan, using the Moving Toward Communities, BDS Resource Manual, and ongoing staff discussions were provided. Support to agencies is coordinated with both the Regional BDS offices and with the Regional Vocational Rehabilitation office.

The BDS Office of Program Development and Mental Retardation Services in collaboration with the Muskie School sponsored an Organizational Change series utilizing videoconferencing technology. The series was designed to provide information on organizational shifts from center-based services and sheltered work to community employment. Patricia Rogan, Ph.D., Associate Professor at Indiana University's School of Education, shared her expertise in the field of organizational change strategies. Dr. Rogan is also Reference Faculty at the Institute for the Study of Developmental Disabilities at Indiana University. Her research focuses on best practices in supported employment, and has been published in numerous journals and books, including her own, Closing the Shop: Conversion from Sheltered to Integrated Work and Developing Natural Supports in the Workplace: A Practitioner's Guide. Dr. Rogan included several of her colleagues in these sessions, including Dr. David Mank.

The “**Organizational Change Series**” was presented in the Bangor, Augusta and Portland BDS offices, via video from Indiana University. Five individual sessions, each 2 hours in length, were offered. Topics included the national perspective, stakeholder involvement, changing the organizational structure, human resource practices and funding and fiscal management.

Participants included community agency and MRS staff.

Community Inclusion Conference

In early 2001, discussions began regarding increasing the awareness of community inclusion (what it means, what it is and what it is not and how do we educate and elevate the thinking in this area). From these discussions developed the first Department of Behavioral and Developmental Services Community Inclusion Conference, “Piecing Communities Together”.

In December of 2001 two Community Inclusion Conferences were held (one in Portland and one in Bangor) with an agenda to support community inclusion efforts and experiences. BDS established the David D. Gregory Community Inclusion Award and Reverend William and Mrs. Zilpha Booth of Bar Harbor were the first recipients of the award.

Training

Training Highlights for FY '02

The major project during this period has been the development and initial implementation of the 45 hour Direct Support Professional curriculum for Adult Mental Retardation Services. Many hours of work by BDS staff, colleagues at the Behavioral Health Sciences Institute and members of the Steering Committee have produced a student manual and instructor materials which have been used in two classes totaling 21 students, a computer-based Assessment of Prior Learning taken by 49 staff, and Train the Trainer course completed by 38 certified Instructors. This project has attracted a great deal of attention not only in Maine, but also from several other states across the country as well. The curriculum has as core topic areas 13 modules:

Overview of Developmental Disabilities
Rights of People with MR & Autism
Confidentiality
Guardianship
Choice & Responsibility
Being Part of Community
Planning with People

Documentation
Communication
Human Behavior
Human Sexuality
Teaching People
Health & Safety

Case Management Conference

In February of 02 the Department held a Case Management Conference for all case managers from children's services, mental retardation and mental health. The suggested topic areas were many and a selection process ended up with a mixed agenda for the two-day event. The conference was very well received by case managers and many would like to participate in a conference annually.

Direct Support Conference

The 15th annual Direct Support Conference was held October 19 & 20, 2001. A total of 492 people attended 29 workshop sessions. A keynote and workshops on recognizing cultural and personal values by Lilah Pengra were especially illuminating. Our second keynote speaker was unable to attend, due to disruption of air travel resulting from the September 11 terrorist attacks. This became an international conference for the first time, as a colleague from Australia who organizes similar conferences in Queensland joined us. Staff of the Center for Learning organized the conference and everything went smoothly.

Grievance and Appeal Training

From June thru October of 01, Mary Crichton participated as the Mental Retardation representative from the Department of Behavioral and Developmental Services Grievance and Appeal Training for state employees, agency personnel and other interested parties (consumers, families, CAB, etc) in each of the three regions and an additional training in Aroostook County. The cadre of trainers, with assistance from the Center For Learning presented training to a total of two hundred and seventy six (276) individuals who were a combination of BDS and provider

agency personnel from Mental Health, Mental Retardation or Children's Services with a total of 94 BDS Mental Retardation regional staff participating in the training from June 01 to October 01. In 2002, Grievance and Appeal Training was provided in Region 1 on May 15th; in Region 2 on May 22nd and in Region 3 on June 6th. The second year of Grievance and Appeal Training placed more focus on mediation training and the participation from the Office of Advocacy was shared between three advocates statewide. Over 250 individuals attended the trainings from state and private agencies and the completed evaluations reflected a positive response to the training effort.

Orientation for Regional Staff

We initiated two days of Central Office orientation for regional MR staff, which will continue to be offered periodically.

Abuse and Neglect Detection and Prevention

With support from the Center for Learning we hosted Rick Shaw from the Boston regional office of the Centers for Medicare Services to present daylong trainers' workshops on Abuse and Neglect Detection and Prevention in Bangor and Portland, attended by 64 people.

Training Events Calendar

Roxanne Rollins, Regional Training Coordinator in Region 2 has been compiling a monthly calendar of training events for distribution to BDS staff and providers in Region 2 and beyond. This has been very helpful to those who receive it. Roxanne has also been providing training and technical assistance to recently hired Person Centered Planning Coordinators in the midcoast area.

Visual Communication

Two 20-hour classes in visual communication were held in Brunswick for staff, consumers and families. These classes were supported through our contract with the Maine Center on Deafness. There would have been more classes, but the instructor was on extended leave for several months.

Sexuality Trainings

We collaborated with Planned Parenthood of Northern New England to sponsor a daylong workshop by David Hingsburger on "The Ethics of Touch", attended by 72 people. We also began collaboration with Planned Parenthood to conduct a four days of Trainers' workshops in Sexuality and Developmental Disabilities, to be held in FY '03. We jointly developed a grant proposal and received funding from the Davis Family Foundation to support some of the costs of this event.

Funding Sources

David Goddu and Earl Babcock developed the format and materials for a 6-hour workshop on funding sources for MR services which they presented in each region, and which will be incorporated into the Central Office Orientation.

Person Centered Planning Procedure

From July thru November of 01, Person Centered Planning Preparation/Procedure Guide Training was provided to over 550 staff including approximately 138 regional staff and 413 provider staff. The PCP training included on site training to over a dozen provider agencies along with sixteen training sessions held in regional offices across the state which included a mix of regional and provider agency staff.

Confidentiality

MR Training Coordinators were instrumental in developing the format and materials for the Department's training in confidentiality.

Introduction to Social Role Valorization Theory

BDS continued to support the Maine Partnership for Values-Based Training in sponsoring a 3-day course in Introduction to Social Role Valorization Theory in March 2002.

Training Statistics

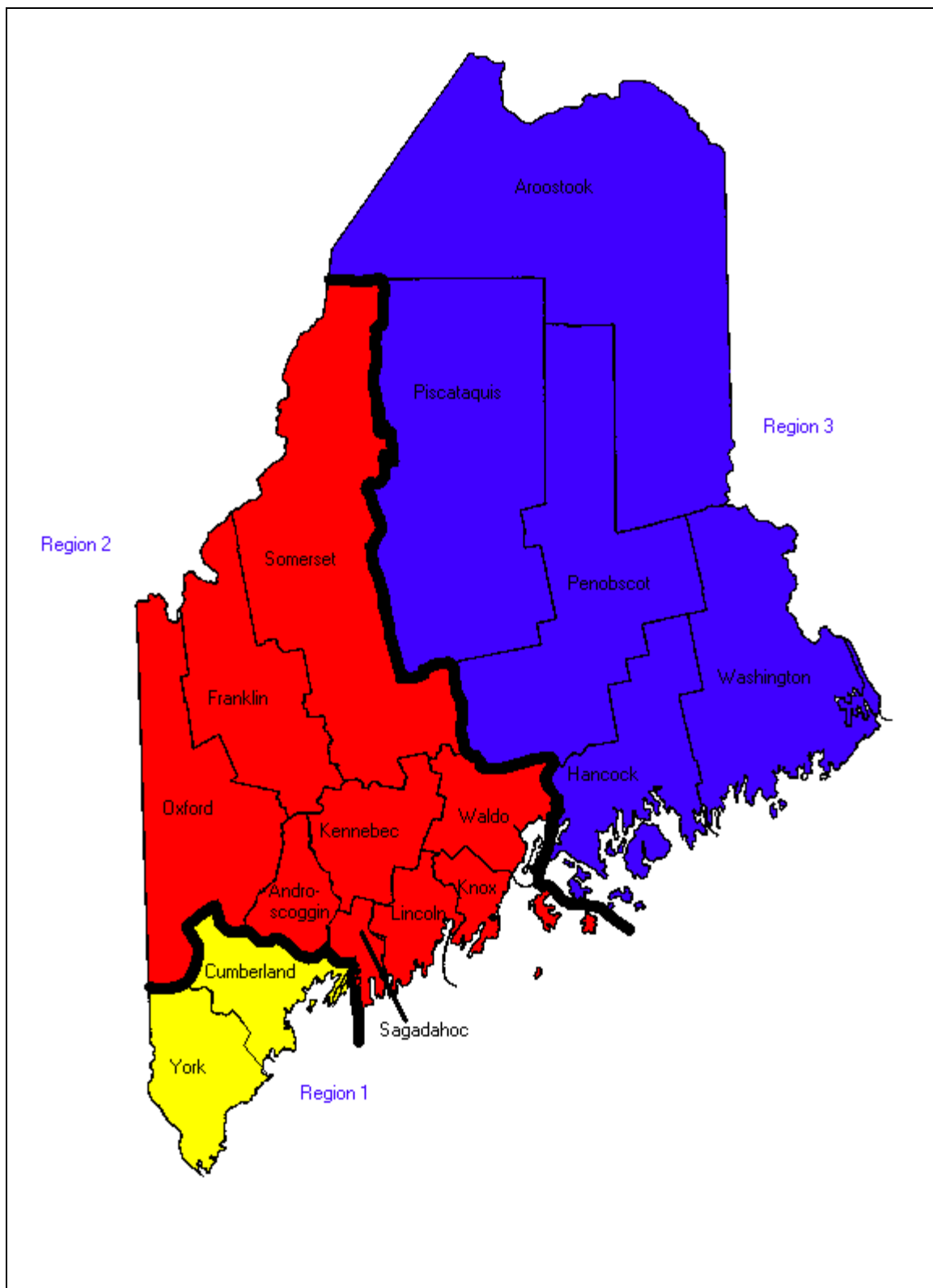
During this period MR Services sponsored, co-sponsored, or conducted 44 events totaling 134 hours and attended by 9 consumers, 1155 providers, 155 MR staff, and 11 others, for a total attendance at all events of 1,475. This yields a total of 3,576.5 person-hours.

We conducted 23 training events related to Person Centered Planning, attended by 306 people. We developed a new daylong workshop specifically addressing issues of coordinating the planning process and incorporating the PCP Procedure Guide.

Staff Changes

Training efforts in Region 3 suffered a severe setback due to the extended illness of Steve Perry during much of this period.

We were successful in hiring Colleen Taylor-Capano for the Regional Training Coordinator position in Region 1 after that position had been vacant for several months.



Region 1



Peter O'Donnell, Regional Director
Susan McKowen O'Connor, Team Leader
BDS
169 Lancaster Street
Portland, ME 04101

Crisis Home

The crisis home has successfully moved to Camp Tall Pines from a rented home in Windham while developing a plan for a new crisis home. Worked with Community Housing of Maine, obtained funds, and began construction of the Region 1 MR Crisis Home that will open late 2002.

Independence Association

Independence Association of Brunswick received a grant from the Libra Foundation. With this grant, visiting artists came to Spindleworks throughout the year demonstrating and teaching their arts. The grand finale brought the Spindleworker artists and the visiting artists together for a sold out performance at the Brunswick Theater.

Individual Service Option

Individual Service Options - This model of residential services supporting a person who wants to live with a friend, family member or companion is successfully in place for a number of adults in Region 1. People providing this model of service are connected to an agency for support that includes supervision, staffing back up, quality assurance, training, and consultation. For the past two years, all new residential services are either being successfully provided by an existing agency or through this ISO model.

New Home Supporting People who are Deaf

A newly constructed home opened to support 3 people who are deaf. Supports to improve the quality of life of the residents included environmental modifications support, all staff fluent in signing, and many staff who are deaf or hard of hearing.

Brown Bag Lunches

Dr Art Dingley hosted brown bag lunches open to regional staff, agency staff and interested others about topics including medications, Axis 1 diagnoses. These informative, lively, and well-attended sessions brought together regional office staff and agency staff.

The Morrison Center

The Cerebral Palsy Center changed it's name to The Morrison Developmental Center, opened a second site for day habilitation and began offering a fully community based day habilitation program.

Community Partners

Community Partners, Inc. said goodbye to Dick Tryon who retired from leading this agency to graduate school. At a celebration of his 25 years of dedicated service, Dick received sincere thanks and best wishes in his new endeavor. Steve Leclair was hired as the new executive director.

Waban

A gathering honored Waban's executive director Jan Fraser and her assistant Charlene Ford for 25 years of dedicated services. Under their leadership, Waban Projects provides top quality residential, habilitative and employment services in the Sanford area.

Department of Vocation Services

The Department of Vocation Services at Maine Medical Center had a very successful summer youth employment program. Twenty-two young people with disabilities experienced seven weeks of paid employment in 18 departments at Maine Medical Center, Spring Harbor Hospital, MaineHealth, and Casco Bay YMCA.

STRIVE

STRIVE is an arm of the Project for Supported Living that supports people in their late teens through early 20s. STRIVE is minimally funded by BDS. This organization continues to work successfully obtaining grants and fundraising. STRIVE has successfully recruited well over 100 dedicated volunteers and mentors who usually equal the number of people with disabilities at their sponsored events. In the Spring of 2002, STRIVE hosted their annual evening of recognition for their volunteers and mentors who include students from local high schools and USM. A graduate student from USM worked with a group of interested young adults to write a book of original poetry and short stories. A successful and enthusiastic book signing party honored the accomplishments of the writers.

4 Consumers presented an overview of their successful social club at the National TASH Conference in California. People attending the teen night on Fridays grew to well over 100 volunteers, mentors and young people transitioning to adult services.

Responding to the needs of consumers and their families, STRIVE applied for and received a grant from MSHA to purchase an apartment building where young people will live on their own for the first time, receive education and training in independent living and transition to their own apartments w/ Section 8 voucher in maximum of 2 years.

Consumers of Services

123 people applied for Adult Mental Retardation services with the following outcome:

- 53 people determined eligible and assigned to a case manager

- 5 people determined eligible and are waiting to be assigned a case manager

- 9 people continue to be in the intake process

- 21 people are being served by Region 1 Children Services

Representative Payee

Region 1 has a Benefits Tech who currently manages 140 rep payee accounts. She has developed a solid and successful working relationship with the SSA. and keeps staff current with benefit information. With this expanded and focused knowledge she provides technical assistance to the case managers.

New Hires

Region 1 welcomed new staff the our team including supervisor Jeff Scott, training coordinator Colleen Taylor Capano, HS aide Paul Henton, case managers Dawn Langworthy, Mary Ann Hill, Eric Beauchane, Ann McGhee, and Anne Russell.

Regional Training

Regional Training - The R1 training coordinator now publishes a calendar of monthly training for the region 1 staff keeping our team of 36.5 case managers, 10 crisis staff and 4 supervisors informed of these opportunities. Supporting the health and wellness of our staff, massages are offered to the staff twice a month for a reasonable cost to the staff. The coordinator is also assuring all agency training opportunities are on the training calendar developed in R2.

Regional Collaboration w/ DHS

Staff from DHS and BDS meet at least quarterly to proactively and collaboratively plan for the transition of young people in DHS custody transitioning to the adult service system.

Integrated (MR/MI) Care Strategies Committee

This very active committee includes staff from Spring Harbor Hospital, BDS, and Region 1 agencies working to improve mental health services for people with mental retardation and developmental disabilities. In May 02, we sponsored a conference "Understanding Psychiatric & Behavioral Disorders in Mental Retardation & Developmental Disabilities. A survey is being developed that will be sent to all psychiatrists and physicians practicing in Cumberland and York Counties. We want to better understand how people with MR & DD are served in the community, what is working well and what needs improvement. We have developed a patient referral form that will help the primary care support staff be better prepared when meeting the physician. This group is also submitting a grant proposal for help with this survey.

Region 2



Holly Stover, Regional Director
Bob Kennelly, Team Leader
BDS
141 State House Station
Augusta, ME 04333

R-2/Augusta
60 State House Station
Augusta, Maine 04333

Sebasticook

Sebasticook has expanded their personal support program. They have developed 2, two person waiver homes. This was in response to changing needs of some consumers they have worked with for many years and provided an opportunity to serve some new people.

Ken-A-Set

Ken-A-Set has expanded their residential services under the waiver. One home serves people who are deaf; the other 2 homes were in response to adult protective issues. One home allows two brothers to continue to live together.

MCD

MCD has built a new home to replace an aging 4 bed residential structure at 148 Madison Avenue, Madison. This new one story home will allow the residents to have a safer, better living environment.

UPLIFT

Uplift has converted the 11-bed ICF/MR nursing facility, Hayden House to 3 four-bed community waiver homes. Uplift continues with the conversion from center based day habilitation to community day habilitation and employment opportunities.

PCP Coordinators

2A now has added 2 full-time PCP coordinators to the agency sector. Efforts continue to move individual planning to agencies, using both existing and new positions.

Contract Meetings

2A continues to hold quarterly contract meetings on a regular basis with provider agencies.

Training

The joint effort of the resource coordinators and training coordinators has resulted in a useful provider-training manual. This will continue to be updated as changes occur. We hope this will simplify a multitude of processes new providers need to know to effectively manage their businesses. The number of providers accessing training information through e-mail continues to grow.

Intake /Eligibility

Referred 58
Found Eligible 50

Our 25 caseworkers serve 820 active consumers. We also provide full-time intake services and are able to respond to the periodic needs of 50 people who are eligible but waiting for case management services.

<p>R-2/Lewiston 15 Mollison Way Lewiston, Maine 04240</p>
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Agency Changes and Development

Several agencies have expanded their services into the Region or have expanded geographically within the region. These include Living Innovations, Momentum, RM Transitions and Creative Works. This has resulted in services to many new consumers and has provided an array of choices for consumers.

Six agencies have added PCP coordinators which has resulted in improvements in the quality and consistency of Person-centered Plans.

MCD has completed a number of physical plant improvements in their Norway area homes.

As a result of a generous donation from the family of a consumer who was served by 24 OLR since it's opening, 24 OLR has expanded the facility to include a spacious sunroom, which enables a number of consumers who are environmentally fragile to enjoy the outdoors.

We have worked with a number of agencies to downsize their residential facilities. This has included the Progress Center's Spring St. home, JFM's Pleasant St. home, and Oxford County Assoc., New Hope and Horizon's homes. In Oxford County this has been accomplished by 8 residents who have moved into their own apartments in which they receive some personal supports.

Support Solutions has contracted with Dave Hingsburger to provide consultation to their agency as well as providing in service trainings on a regular basis.

The Lewiston Office continues to meet on a monthly basis with the JFM respite program. We have succeeded in moving a number of consumers from the residential respite home services to community respite providers. This has resulted in the respite home being able to provide services to 11 new people who have previously been unable to access respite services primarily due to their significant needs.

Residential development in the Region has included bringing one consumer back to the area from an out of state placement. Development for 2 other consumers is in process to return 2 additional consumers to the region.

Recreation

Oxford County Night Life has incorporated as a non-profit agency and continues to organize a monthly dance for consumers in the Oxford County area. These dances are exceptional as there is a live band every month!

Lewiston Staff

All staff have participated in computer skill assessments to prepare for training and the implementation of the EIS database. A number of staff have also accessed the Muskie computer training in order to acquire the skills that would be needed to utilize the EIS.

<p style="text-align: center;">R-2/Thomaston 212B New County Road Thomaston, Maine 04861</p>

44 people referred for services
32 people accepted for services

13 ISC's provide active case management for more than 420 people and monitor more than 60 others that are in the intake process or are in transition from children's services.

3 ISC's provide focused case management for 71 class members

1 ISC performs all intake functions and provides monitoring and case management services for people with immediate needs and transitioning from other services.

More than 200 people receive Home and Community Based Waiver Services.

Person Centered Planning coordinators were approved for Group Home Foundation, Coastal Workshop, Mobius Inc. and Elmhurst Inc. The regional office is facilitating an on- going process that brings these coordinators together along with people providing planning services in several other agencies and regional staff for training and problem solving on a monthly basis.

During the year there has been an even greater emphasis on encouraging people to pursue new or expanded opportunities for living, working, playing and worshipping in their communities.

Day habilitation services continue to be in high demand however there is significantly more emphasis on those services being delivered in community settings with a more individualized approach. Many people are choosing combinations of services from multiple providers. We have examples of people who are working part time, attend 2 different day habilitation programs and participate in other community-based activities with various forms of support.

Coastal Workshop opened the Olive Cotes Center in Camden to better meet the needs of people needing intensive developmental and therapeutic day services. They are looking forward to making good use of the therapeutic pool and other facilities that will be available next year at a brand new YMCA that is being built just down the street.

Increasing numbers of people are working in competitive employment with varying levels of support. Group Home Foundation, Elmhurst, Mobius and ESM combined are supporting 40 to 50 people through their supported employment programs. Though out the coverage area more than 70 people are enjoying the opportunity to work.

The George Robishaw Crisis / Respite Home operated by Coastal Workshop provided planned and emergency respite services for 91 people during the year.

New residential and supported living services were added throughout the area. Elmhurst opened the 68 Bath Street Residence in June. This home is fully accessible, designed to serve 3 people and was built with help of a SHP grant from MSHA.

Group Home Foundation, Coastal Workshop, Independence Association, Mobius, Elmhurst, BFLI, ESM and TUNDA Group are all providing supported living services to people living in their own homes and apartments. Supported living services have been increasingly in demand been an area of continuing growth

Mobius worked with the Department to make it possible for 2 people to purchase a new home in Bremen.

Group Home Foundation is attempting to win a SHP Grant to develop a multi-unit apartment building in Belfast in response to the need for affordable housing with supported living services. MBNA has indicated that they would contribute to the project provided other funding sources are available.

Bancroft announced that they were no longer going to provide adult residential services in Maine. This affected more than 20 people receiving those services. The Thomaston office initiated an RFP process to secure providers to take over services for 16 people in June. Changes will occur in the next fiscal year.

The Regional office also worked with providers and Regional offices in other parts of the state to develop and fund needed or preferred services for more than 10 people.

The Thomaston office collaborated with other offices in Region II to develop a handbook for community service providers. The handbook was developed to meet the training and information needs of private independent residential providers. We have had very positive feed back from not only the private providers but also agencies and providers of a full range of other services.

Region 3



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Peter Alexander, Team Leader
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Bangor, ME 04401

R-3B/Bangor
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Regional Positions

PCP Coordinator positions have been funded by MR Services and Providers have hired PCP Coordinators to coordinate most of the PCP's for Class Members in Region III.

Team Leader and Supervisor positions have been filled.

Provider Manual

A Provider Manual has been produced with information on services and supports, program, administrative and financial requirements. Documentation requirements are included.

Transition and Respite Home

Transition and Respite Home RFP awarded and the first phase (Two bed Transition Home) will open mid November 2002. The Respite Home (Two beds) will open the end of 2002.

Integrated Intake and Early Referral

Integrated Intake and Early Referral procedure to facilitate transition from Children's Services to Adult MR Services has been established. DHS and BDS staff meets monthly to coordinate transition to Adult MR Services.

Management Team Meetings

MR Services Management Team weekly meetings established to discuss consumer concerns, providers issues (financial and programmatic) and make funding decisions.

Team Leader/Supervisor monthly meeting established to discuss staffing issues, team building, performance evaluation, caseload redistribution and team building and supervision issues.

MR, MH and CS Team Leaders established bimonthly meeting to discuss consumers concerns, provider issues, staff team building and coordination of department policies and procedures.

R-3P/Presque Isle
PO Box 1285
Presque Isle, Maine 04769

Terry Sandusky, Director
Aroostook County Services

The Aroostook main office Region 3 was relocated in July, 2001. After 29 years, the office moved from the Aroostook Residential Center facility to its new location on Main Street in Presque Isle. Joining the Mental Retardation staff at the new office is the BDS children and mental health services staffs. As part of office expansion, the BDS Region 3 Houlton was expanded to accommodate the additional Intensive Support Coordinator added to that office.

Another major activity was the relocation of the crisis house in Presque Isle. The first crisis house was a rented apartment. The crisis house was moved into a specially constructed crisis home that allowed more privacy and less concerns about neighbor problems.

Region 3P established a computer lab facility and began staff training that helped in the development of the coming Enterprise Information System that will replace the MR Management Information System. The older MR MIS system was developed in Region 3P twelve years earlier and migrated out the other BDS office ten years ago. Region 3P staff provided a realistic practice and test environment to build a consistent and stable set of processes that will be used in the new EIS.

In Fiscal Year 2002, Region 3P secured and managed 37 MaineCare (Medicaid) contracts. All providers of service were under contract by the end of the year. Additionally, Region 3P also completed the year just slightly under budget. Three meetings were held with each provider to adjust and resolve contract and budget issues for the year.

During the year, the Mental Retardation Regional Supervisor and the Children Services Supervisor enter into to a series of meeting with providers, schools, and other state agencies to develop a regional transition process to move young people from children services into adult services. They meet as needed with all of the possible referral sources to help facilitate the preparation and transfer of the young adult into services to prevent as little disruption in their lives as possible.

To build on this effort, the Region 3P office jointly hosted an All Aroostook Case Management Conference that focused on understanding how each service performs its functions. Department of Human Services, Vocational Rehabilitation and BDS staff met and outline each service including eligibility, wait lists, and services provided. This has helped facilitate interactions between agencies in an effort to better coordinate services as well smooth youth transitioning to adult services.

Exploitation Workshops were offered to consumers who live fairly independent lives in the community. The workshops focused on dealing with financial, sexual, and other types of exploitation. Two different workshops were offered in conjunction with the Office of Advocacy.

Region 3P continued its support of the Speaking UP for Ourselves group in Aroostook County. Staff support and assistance to the primary group in Presque Isle with out reach to Houlton and Patten/Island Falls has been supported for more than a decade. Region 3P staff have helped transport and assist members of the group attend the annual Speaking Up for Ourselves that is held each year in the fall.

Region 3P continued providing bi-monthly small provider meetings for the purpose of communicating changes in services, supports and expectations. These meetings continue to prove to be extremely valuable in maintaining direct communication lines. The Region 3P Mental Retardation Training coordinator continued to secure or offer regular two-hour training sessions attached to these meetings.

In an effort to continue expanding person-centered planning strategies, Region 3P authorized the addition of a PCP Planning Coordinator in the last two agencies without the capacity to coordinate or facilitate planning processes. These positions were recruited in late FY 2002, so as to be fully operational at the beginning of FY 2003.

Region 3P began a review and possible future development of specialized apartment development. In an exploratory meeting with Aroostook Mental Health Center, the Region 3P staff discussed developing an apartment program that would have available on-site or as needed support from mental health trained staff. Region 3P has had a positive experience with the mental health center in its two different apartment complexes. Region 3P sees a need for additional apartment and housing options that have different support capacities for those living in the apartments. Efforts will continue to find the resources needed to fund these kinds of support arrangement.

Aroostook Residential Center
PO Box 1285
Presque Isle, Maine 04769

Terry Sandusky, Director
Brian Delong, Program Manager

Resident-Staff Camping Trip

One of the highlights for the year was the 20th annual resident-staff camping trip to the Debulie Mountain Area in the North Maine Woods. This is a week-long vacation and break from the daily routines for the center's residents. Both center residents and some community clients of the regional office make this trip each year for some fun and relaxation.

Admissions/Discharges

During Fiscal Year 2002, there were 5 admissions and 6 discharges. The center continues to provide services to individuals with extreme challenges that prevent the use of existing specialized living options. The center serves as the safety net for individuals who need lengthy stays while specialized services are developed for them. The availability of the center has allowed many individuals to stay in Aroostook County rather than be moved downstate to for stays in staff intensive facilities. The only exceptions are those who require hospitalization.

This year the ARC experienced a fire in the laundry area that caused the total evacuation of the building and a short temporary stay at a local motel. No individual was ever in immediate jeopardy, due to the excellent response by the staff and consumers. This outcome validated the many fire drills held over the years.

Renovations

ARC underwent various renovations this year resulting in all bedrooms except for one being converted to single bedrooms. This renovation was the result of the regional office re-locating to another building in Presque Isle. The impact on the facility was a significantly improved residential atmosphere that positively enhanced resident attitudes and interactions. Personal space that belongs to the resident adds immensely to the resident's dignity and sense of privacy and stability.

There was a loss of shared financial support/resources as a result of the regional office leaving the center. Through careful management and targeting of resources, the center finished the year on budget. A MaineCare rate will be established that takes into account the loss of shared expense.

Licensing

The center is a licensed intermediate care facility for persons with mental retardation (ICF/MR). The center's license was renewed in October, 2001 after a four-day licensing survey by Department of Human Services and the Department of Public Safety.

Staff Development Initiatives

The center began a staff development initiative that will lead to the certification of its direct service staff as Mental Health Rehabilitation Technicians Level 1. Center management recognized that almost every resident had a mental illness diagnosis in addition to a mental retardation diagnosis. The most prudent action on the center's part was to see that all staff were trained to respond to the mental health needs of each resident and not just the developmental needs. All staff began a training process that will carry into Fiscal Year 2003 to obtain their MHRT 1 certifications. This training will be an on-going expectation of all newly hired staff at the center. The Regional Medical Director is assisting in the training needs in the area of mental disorders and current therapies.

As part of the above mental health initiative, a local psychiatrist has begun regular monthly house calls to help staff properly administer and manage needed psychotropic and seizure medications. The psychiatrist sees each resident under her care and consults with staff to support them in their follow through on treatment recommendations.

Computerization

The center began to expand computerizing its operations this year. For nearly 20 years, the center has used a computerized resident planning, training and tracking system called the, "Habilitation Documentation System." Only a few staff had used the system directly with most staff using printed reports and plans from the system. This year all staff were given computer training and access to computers for daily use at work. They have been added to the state e-mail system. All staff now utilize the computer for some portion of their work from resident planning to inventory.

To facilitate computer use and the planned incorporation of the center into the emerging departmental "Enterprise Information System," a 14-station computer training facility was established. This computer lab is jointly used by the center and the regional office. The center expects to go online with departmental system in Fiscal Year 2003.

The Closure of Freeport Towne Square Sheltered Workshop

In January of 2000 an initial meeting with the Provider Community set the ground work for the transition of the last 38 people with Mental Retardation from the Sheltered Workshop into their communities.

The transition was based on a conversion plan that was developed with input from different stakeholder groups. The staffs were instrumental in ensuring quality, community based Supported Employment and Day Supports were developed for each person transitioning into community-based services. This initiative was coordinated by Lisa Sturtevant and Rick Lewis.

During this last calendar year the final stages of transition occurred with the final closure of the facility happening in July 2002. Within each transition plan the individual and their team identified their dreams, desires and abilities and a plan was developed with people who knew them best.

The Outcomes that drove the closure were as follows:

1. **The individual should have the opportunity to earn wages equal to, or greater than, what he/she is currently earning.**
2. **Moving to another sheltered workshop should be avoided.** A great effort should be made to assist individuals in finding meaningful employment that is integrated in their community.
3. **Each individual's motivation/desires should be evaluated.** Most individuals have friendships through their work and great effort should be taken to assist individuals in preserving these relationships while building new ones.
4. **Each person should have the opportunity to shadow or experience different jobs.** This is beneficial because many individuals have never had any type of work experience and have no frame of reference of what "other work" is.
5. **A plan should be developed in the event that the individual is unsuccessful in his job.** All individuals will have, as part of their plan a contingency strategy that outlines what will occur.

These outcomes became the base for planning and accessing Community Based supports. All people served and their guardians were involved and made informed choices throughout the process in all aspects of their transition.

This past year focused on assisting the remaining 13 people to transition based upon their goals and desires. People continued to work with their chosen Community Based Provider in development of a job that met their needs. Individuals also were able to access the community through agencies and began volunteering and joining local clubs and organizations.

In June 2002 the last individuals left Freeport Towne Square and the facility stopped accepting any contract work into the workshop. This was the first time in the twenty-one year history that the workshop did not have a Labor Certificate to run a sheltered workshop. With the dedication and hard work of staff all of the last people were able to move into community-based supports and become more included within their own communities through work. The 2 ½ years of transitioning people out had ended. Ongoing support and follow up continues today with people who left over the last year. Outcome based data was also tracked for people leaving and is available through Mental Retardation Services.

In July the facility began to be rehabilitated into offices for Region I Behavioral and Developmental Staff.

Acknowledgements

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Paul Tabor, Training Coordinator
Sue McKowen-O'Connor, Region 1 Team Leader
Bob Kennelly, Region 2 Team Leader
Peter Alexander, Region 3 Team Leader
Terry Sandusky, Director of Aroostook County Services
Lisa Sturtevant, Inclusion Program Specialist

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